

**CHRISTOPHER WAYNE LESTER**

**5 OF 14**



**STYLE OF CASE:** Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

**CASE NO:** C-1-01-428

**PERTAIN TO:** Christopher Wayne Lester

**FROM:** David Alan Santrock, M.D.  
500 Donnally Street, Suite 100  
Charleston, WV 25301  
(304) 346-0439

**DELIVER TO:** Mr. Phillip J. Smith  
VORYS, SATER, SEYMOUR & PEASE, LLP  
Atrium Two, Suite 2100  
221 East Fourth Street  
Cincinnati, OH 45202

THE ENCLOSED DOCUMENT CAN BE IDENTIFIED BY NUMBER 500688135-0001.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

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Cause No. C-1-01-428

Michael W. Harris

: Southern District Court

vs.

: County of Hamilton

Purdue Pharma, L.P., et. al.

: State of Ohio

**AFFIDAVIT OF NO RECORDS**

Records Pertaining To: **Christopher Wayne Lester**

Type of Records: **David Alan Santrock, M.D. (Medical & Billing Records)**

(Custodian of Records)

I, the undersigned, am the duly authorized Custodian of Records for **David Alan Santrock, M.D.**, am over eighteen (18) years of age, competent of making this affidavit and personally acquainted with the facts herein stated:

(a) That a thorough search of our files, carried out under my direction and control, revealed no records on the person(s) named in the attached authorization.

(b) It is to be understood that this does not mean that records do not exist under another spelling, another name or under another classification, but that with the information furnished our office and to the best of our knowledge, no such records exist in our files.

Wanda Hally  
AFFIANT (Custodian of Records)

Custodian of Records for: David A. Santrock

Sworn to and subscribed before me on this the 20 day of August, 2000.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

Retention Policy: (The number of years records are maintained prior to destruction) \_\_\_\_\_

Comments: (Reason why records are not available) \_\_\_\_\_

Order No. 500688-135

NORCO

500688.135.0001



**STYLE OF CASE:** Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

**CASE NO:** C-1-01-428

**PERTAIN TO:** Christopher Wayne Lester

**FROM:** George Salem Zakaib, M.D.  
500 Donnally Street, Suite 100  
Charleston, WV 25301  
(304) 346-0439

**DELIVER TO:** Mr. Phillip J. Smith  
VORYS, SATER, SEYMOUR & PEASE, LLP  
Atrium Two, Suite 2100  
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Cincinnati, OH 45202

THE ENCLOSED DOCUMENT CAN BE IDENTIFIED BY NUMBER 500688119-0001.

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Cause No. C-1-01-428

Michael W. Harris

vs.

Purdue Pharma, L.P., et. al.

: Southern District Court

: County of Hamilton

: State of Ohio

**AFFIDAVIT OF NO RECORDS**

Records Pertaining To: Christopher Wayne Lester

Type of Records: George Salem Zakaib, M.D. (Medical & Billing Records)

(Custodian of Records)

I, the undersigned, am the duly authorized Custodian of Records for George Salem Zakaib, M.D., am over eighteen (18) years of age, competent of making this affidavit and personally acquainted with the facts herein stated:

(a) That a thorough search of our files, carried out under my direction and control, revealed no records on the person(s) named in the attached authorization.

(b) It is to be understood that this does not mean that records do not exist under another spelling, another name or under another classification, but that with the information furnished our office and to the best of our knowledge, no such records exist in our files.

James Hall  
AFFIANT (Custodian of Records)

Custodian of Records for: George S. Zakaib, M.D.

Sworn to and subscribed before me on this the 20 day of August, 2003

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

Retention Policy: (The number of years records are maintained prior to destruction) \_\_\_\_\_

Comments: (Reason why records are not available) \_\_\_\_\_

Order No. 500688-119

NOREC

500688.119.0001



**STYLE OF CASE:** Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

**CASE NO:** C-1-01-428

**PERTAIN TO:** Christopher Wayne Lester

**FROM:** Logan General Hospital  
(Medical Records Department)  
20 Hospital Drive  
Logan, WV 25601  
(304) 792-1101

**DELIVER TO:** Mr. Phillip J. Smith  
VORYS, SATER, SEYMOUR & PEASE, LLP  
Atrium Two, Suite 2100  
221 East Fourth Street  
Cincinnati, OH 45202

THE ENCLOSED DOCUMENT CAN BE IDENTIFIED BY NUMBER 500688079-0001.

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Cause No. C-1-01-428

Michael W. Harris

: Southern District Court

vs.

: County of Hamilton

Purdue Pharma, L.P., et. al.

: State of Ohio

**AFFIDAVIT OF NO RECORDS**

Records Pertaining To: Christopher Wayne Lester

Type of Records: Logan General Hospital (Medical Records)

(Custodian of Records)

I, the undersigned, am the duly authorized Custodian of Records for Logan General Hospital, am over eighteen (18) years of age, competent of making this affidavit and personally acquainted with the facts herein stated:

(a) That a thorough search of our files, carried out under my direction and control, revealed no records on the person(s) named in the attached authorization.

(b) It is to be understood that this does not mean that records do not exist under another spelling, another name or under another classification, but that with the information furnished our office and to the best of our knowledge, no such records exist in our files.

Scott Thomas  
AFFIANT (Custodian of Records)

Custodian of Records for: \_\_\_\_\_

Sworn to and subscribed before me on this the 20 day of August, 2003

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

Retention Policy: (The number of years records are maintained prior to destruction) \_\_\_\_\_

Comments: (Reason why records are not available) \_\_\_\_\_

Order No. 500688-79

NORAC

500688.079.0001



**STYLE OF CASE:** Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

**CASE NO:** C-1-01-428

**PERTAIN TO:** Christopher Wayne Lester

**FROM:** Kominsky Chiropractic  
227 Maple Avenue  
Oak Hill, WV 25901  
(304) 469-3615

**DELIVER TO:** Mr. Phillip J. Smith  
VORYS, SATER, SEYMOUR & PEASE, LLP  
Atrium Two, Suite 2100  
221 East Fourth Street  
Cincinnati, OH 45202

THE ENCLOSED DOCUMENT CAN BE IDENTIFIED BY NUMBER 500688094-0001.

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Cause No. C-1-01-428

Michael W. Harris

: Southern District Court

vs.

: County of Hamilton

Purdue Pharma, L.P., et. al.

: State of Ohio

### AFFIDAVIT OF NO RECORDS

Records Pertaining To: Christopher Wayne Lester

Type of Records: Kominsky Chiropractic (Medical & Billing Records)

(Custodian of Records)

I, the undersigned, am the duly authorized Custodian of Records for Kominsky Chiropractic, am over eighteen (18) years of age, competent of making this affidavit and personally acquainted with the facts herein stated:

(a) That a thorough search of our files, carried out under my direction and control, revealed no records on the person(s) named in the attached authorization.

(b) It is to be understood that this does not mean that records do not exist under another spelling, another name or under another classification, but that with the information furnished our office and to the best of our knowledge, no such records exist in our files.

Annette Coffman  
AFFIANT (Custodian of Records)

Custodian of Records for: Kominsky Chiropractic

Sworn to and subscribed before me on this the 21<sup>st</sup> day of August, 2003

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

Retention Policy: (The number of years records are maintained prior to destruction) \_\_\_\_\_

Comments: (Reason why records are not available) \_\_\_\_\_

Order No. 500688-94

NOREC

500688.094.0001



**STYLE OF CASE:** Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

**CASE NO:** C-1-01-428

**PERTAIN TO:** Christopher Wayne Lester

**FROM:** Kelly Medical Corporation  
1 Pavilion Drive  
Daniels, WV 25832  
(304) 763-4253

**DELIVER TO:** Mr. Phillip J. Smith  
VORYS, SATER, SEYMOUR & PEASE, LLP  
Atrium Two, Suite 2100  
221 East Fourth Street  
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688126-0001  
THROUGH 500688126-0014.

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Case No. C-1-01-428

Michael W. Harris

: Southern District Court

vs.

: County of Hamilton

Purdue Pharma L.P., et al

: State of Ohio

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Records pertaining to: Christopher Lester

Custodian of Records For: Kelly Medical Corporation

I have conducted a thorough search of our files for the requested records, including but not limited to: patient intake forms and health questionnaires, and/or consent forms, and/or physical examination records, and/or x-rays, and/or pathology slides and/or blocks, and/or all nurses notes and physicians notes, and/or treatment records and reports, and/or prescription records, and/or third-party consultation records, and/or records of treatment at hospitals and other health care providers, and/or test results from outside laboratories, and/or itemized billing records, and/or insurance claims forms, and or personnel records and/or payroll records, and/or academic records, and/or correspondence.

I certify that nothing has been removed from the original file before releasing copies of these records or the originals. The records I am releasing are the original records or exact duplicates of the original records and include each and every record contained in the file on the above named individual.

Penny Wright  
AFFIANT

Betty A. Duakun  
WITNESS

8/21/03  
DATE

## ITEMIZED STATEMENT BY DATE OF SERVICE

Page 1

Date : 08/21/03

From : KELLY MEDICAL CORPORATION

P. O. BOX 410263

NASHVILLE

TN 37241-0263

Phone: (304) 763-4253 Fax: (304) 763-2722

FEIN : 5506562342000

## PATIENT INFORMATION

Account : 128428 LESTER, CHRISTOPHER W

SSN: [REDACTED]-2340

Dt/Amt Last Stmt: 11/26/02

22.98

Address : PO BOX 1113

DOB: [REDACTED] 71

Dt/Amt Last Print:

0.00

DANVILLE

NV

25052

Age: 31

Sex: M

Home Phone : (304) 369-6667

Guarantor:

Work Phone : ( )

Address :

Empl/School:

## OPEN ITEM PROCEDURE INFORMATION

Serv Dt	Procedure	Diagnoses	Dt Pat	Charges	Receipts	Adjusts	Balance
07/10/01	99284	847.0 847.2 E812.0	07/26/01	213.75	0.00	213.75	0.00
03/07/02	99283	788.20 601.0	03/07/02	140.26	69.71	70.54	0.00
08/01/02	99284	293.0 435.9 759.30	09/16/02	213.75	91.94	121.81	0.00
TOTAL FOR THIS ACCOUNT:							0.00

500688.126.0001

Patient	Unit #	Service/Location	Status	Date	Account #
LESTER, CHRISTOPHER W	F000334665	EMERGENCY ROOM	REG EN	07/10/01	F000334665
<p>           Soc Sec No: 3340 Age: 29 Sex: M Race: N Religion: UNKNOWN NO EMPLOYER            Address: P O BOX 1113 DANVILLE, WV 25053            Home Ph: (999)999-9999 County: BOONE            LESTER, CHRISTOPHER W SSN: 233-15-3340            Address: P O BOX 1113 DANVILLE, WV 25053            Home Ph: (999)999-9999 County: BOONE            Relationship to Patient: PATIENT            Address: SSN:            Home Ph: County: Work Phone:            Relationship to Patient: Occupation:         </p>					
<p>           Home Phone: Relationship to Patient: Work Phone: Home Phone: Relationship to Patient: Work Phone:         </p>					
<p>           Policy # 3340            LESTER, CHRISTOPHER            P O BOX 1113            DANVILLE, WV 25053            Phone (999)999-9999            Contact            Coverage #            Subscriber LESTER, CHRISTOPHER W            Rel to Pt PATIENT            Eff. to ReIs Y Asgn Y            Group MVC 7/10/01 SELF PAY            Treat/Precert            Ins Verif Not Required            Pro Review Not Required         </p>					
<p>           Policy #            Coverage #            Subscriber            Rel to Pt            Eff. to ReIs Asgn            Group            Phone Contact            Treat/Precert            Ins Verif            Pro Review         </p>					
<p>           Policy #            Coverage #            Subscriber            Rel to Pt            Eff. to ReIs Asgn            Group            Phone Contact            Treat/Precert            Ins Verif            Pro Review         </p>					
<p>           Code Type 01 AUTO ACCIDENT Date 07/10/01 Time 77 Code Type 77            Special Program            99281            847.0            847.2            E812.0            MVA            22/73            Harnado         </p>					
<p>           Last Hospitalization Admission Comment Financial Class 99            Attending Physician HCIS Admitting Physician HCIS            Primary Care Physician HCIS Family Physician HCIS            Emergency Room Physician Kelly, Michael A            Other Physician         </p>					
<p>           Date 07/10/01 Time 1631 Source EMERGENCY ROOM Rm/Bed / Arrival AMB Principal Admitting Diagnosis/Reason For Visit MVC, RESTRAINED DRIVER, C/O NECK/LOW BACK PAIN Clerk FADVSH         </p>					

REGISTRATION FORM

Columbia Raleigh General Hospital

07/10/01 1631

500688.126.0002

RALEIGH GENERAL HOSPITAL									
Patient LESTER, CHRISTOPHER W		Unit # 1631		Service/Location FER		Status PRE ER		Date	
Soc. Sec. No. DOB		Age 29		Sex M		MS		Race	
Home Phone		Weight (kg)		Last Tetanus		CNP			
Vital Signs 07/10/01	Time 1618	Temp 94.7	Pulse 93	Resp 20	BP LT	BP RT 152/80	SP02		
	1835	97.6	98	20		148/78	99%		
Allergies: No Known Drug Allergies No Known Food Allergies No Known Contrast Allergies No Known Other Allergies									
Time to Room: 1020		Room # 8							
Medication/Treatment:				PROTOCOLS <input type="checkbox"/> Cardiac <input type="checkbox"/> ABO <input type="checkbox"/> Respiratory <input type="checkbox"/> Trauma <input type="checkbox"/> Stroke <input type="checkbox"/> X-RAY <input checked="" type="checkbox"/> C-SPINE <input checked="" type="checkbox"/> T-SPINE <input checked="" type="checkbox"/> L-SPINE <input type="checkbox"/> ANKLE <input type="checkbox"/> Monitor <input type="checkbox"/> O2 <input type="checkbox"/> IV					
<i>Sac Calla JH 8/5</i> <i>de Lorne</i> <i>Portab 5/500 no</i> <i>flexit 107 JH 8/5</i>				LAB <input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> CMP <input type="checkbox"/> UA <input type="checkbox"/> URINE DRUG SCRN <input type="checkbox"/> HCG QL <input type="checkbox"/> HCG QT <input type="checkbox"/> STREP SCREEN C&S: <input type="checkbox"/> URINE <input type="checkbox"/> BLOOD X2 <input type="checkbox"/> THROAT <input type="checkbox"/> SPUTUM <input type="checkbox"/> EXG <input type="checkbox"/> ABG NEB TX <input type="checkbox"/> CHEST: <input type="checkbox"/> PORT <input type="checkbox"/> HEP LOCK <input type="checkbox"/> cc/hr					
DR _____				DISCHARGE INSTRUCTIONS:					
TIME: _____				<i>Behave as if</i> <i>when Calla x 3 days</i> <i>then decrease to 10 of her</i> <i>daily</i> <i>flu like symptoms</i> <i>Rx diclofenac / ibuprofen</i>					
RESPONSE: _____				Report to: _____ Time: _____ Admitted to Room: _____ DISPOSITION: <input type="checkbox"/> None <input type="checkbox"/> Admitted <input type="checkbox"/> Transferred TIME: 1540 CONDITION: <input type="checkbox"/> unchanged <input type="checkbox"/> Improved <input type="checkbox"/> Stable					
DIAGNOSIS				NURSES'S SIGNATURE					
<i>Cervical / Lumbar Strain S/P MVC</i>				<i>[Signature]</i> PHYSICIAN'S SIGNATURE: <i>[Signature]</i> MD/DO					
Admitting Physician		HCIS		Emergency Room Physician		HCIS		Primary Care Physician	
Date		Time		Source		Rm/Bed		Arrival	
								Principle Admitting Diagnosis/Reason for Visit	
								MVC, RESTRAINED DRIVER, C/O NECK/LOW BACK PAIN	
								Clerk	

500688.126.0003

Patient Name <b>LESTER, CHRISTOPHER W</b>		Unit # A000261190	Service/Location EMERGENCY ROOM	Status REG ER	Date 03/07/02	H02532414407
Soc Sec No: 3340 Address: P O BOX 1113 DANVILLE, WV 25053 Home Ph: (304)369-6657 County: BOONE Relationship to Patient: PATIENT		Sex: M Race: N Religion: NONE USA ENGLISH Work Phone: Occupation: DISABLED NOT EMPLOYED		NOT EMPLOYED		
LESTER, CHRISTOPHER W Address: P O BOX 1113 DANVILLE, WV 25053 Home Ph: (304)369-6657 County: BOONE Relationship to Patient: WIFE		SS#: 233-15-3340 USA Work Phone: Occupation: DISABLED NOT EMPLOYED		NOT EMPLOYED		
LESTER, APRIL C Address: PO BOX 1113 DANVILLE, WV 25053 Home Ph: 304-369-6657 County: Relationship to Patient: SISTER		SS#: 235-08-9969 Work Phone: Relationship to Patient: WIFE		BOONE COUNTY COMMISSION 190 COURT STREET MADISON, WV 25130 Work Phone: 304-369-9246 Occupation: OFFICE MGR		
BROWNING, GINA Home Phone: (304)369-2152 Relationship to Patient: SISTER		Policy # 9969 Birthdate 7/3 Subscriber LESTER, APRIL C Rel to Pt WIFE Eff. to Group 7770 ACORDIA/PEIA		Pre-cert Ins Verif Auth # Date Contact		
Phone (888)440-7342		Policy # Birthdate Subscriber Rel to Pt Eff. to Group		Pre-cert Ins Verif Auth # Date Contact		
Phone		Policy # Coverage # Subscriber Rel to Pt Eff. to Group		Pre-cert Ins Verif Auth # Date Contact		
Code Type 11 ONSET OF SYMPTOMS/ILLNESS		Date 03/07/02 0942		Code Type		
Admission Comment RE REG BY WIFE		Financial Class 11		99283 788.20 601.0		
Attending Physician HCIS		Admitting Physician HCIS		Emergency Room Physician HCIS		
Primary Care Physician HCIS		Family Physician HCIS Snyder, John M		Other Physician 6543		
Source EMERGENCY ROOM		Method Arrival CAR		Principal Admitting Diagnosis/Reason For Visit PROSTATE PROBLEMS		
HCA - Saint Francis Hospital		03/07/02 0943		Clerk HERON		

500688.126.0004

LESTER, CHRISTOPHER W.  
ATT DR: DOB: 12/23/71  
MR# H000261190 AGE: 30 SEX: M  
ACCT# H02632414407  
[Barcode]

**Kelly Medical Corporation**  
**One Pavilion Drive**  
**Daniels, WV**  
**(304) 763-4253 or 1-800-924-8522 (WV Only)**

**I am aware that I will receive a separate bill for the Physician's service related to my visit at Saint Francis Hospital's Emergency Room. Kelly Medical Corporation will bill for these services.**

**I will be responsible for any remaining balance not covered by my insurance. If Medicare, Medicaid, my HMO or private insurance deems that the service is not a medical emergency or is some other type of uncovered service, then the bill will be my responsibility.**

**I have provided the most current and complete insurance information that I have.**

**Signature:** [Signature]  
**Date:** 3/7/02  
**Witness:** [Signature]

**If you have any questions regarding this bill, please contact our office at either of the above numbers.**

**Thank you for choosing Saint Francis Hospital Emergency Room for your**  
**medical care.**

Saint Francis Hospital

03/07/02 0943

**500688.126.0006**

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41 Saint Francis Hospital  
**EMERGENCY PHYSICIAN RECORD**  
 Male Genitourinary Problems (3-5)

TIME SEEN 1000 ROOM 7 EMS ArrivalHISTORIAN patient spouse paramedic

Hx / EXAM LIMITED BY:

HPI

chief complaint: penile discharge dysuria

testicular pain urinary retention

blood in urine Foley catheter problem

"prostate pain"started: ~ 7 wk

continues to E.D.

worse

worse

worse

worse

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ROB

CONST

flavor

chills

GI

diarrhea

Black / bloody stools

nausea

vomiting

NEURO, EYES, ENT

headache

sore throat

blurred vision

CHEST &amp; CVS

cough

trouble breathing

chest pain

SKIN &amp; LYMPH &amp; MS

skin rash / swelling

joint pain

all systems neg. except as marked

PAST HISTORY negative

epididymitis

bladder/kidney infection

prostate infection

enlarged prostate

prostate cancer

kidney stone(s)

other problems

high blood pressure

diabetes

insulin oral meds diet

heart disease

ASCVD MI angina CHF

Surgeries/Procedures none

appendectomy

TURP

Richter's

ureteral / renal stone

cholecystectomy

cardiac bypass

tonsillectomy

Medications none see names note

NSA NSAID

Allergies NKDA

see names note

SOCIAL Hx smoker

alcohol (beer / heavy / occasional)

FAMILY Hx kidney disease

worse

worse

worse

worse

worse

worse

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500688.126.0007

☒ Nursing Assessment Reviewed ☒ BP, HR, RR, Temp reviewed

PHYSICAL EXAM: Alert Alert Alert N  
 Distress: NAD mild moderate severe

T-tenderness  
 R-mid-axillary  
 mod-moderate  
 erythema  
 Example: T<sub>12</sub>  
 indicates severe  
 tenderness.



#### ABDOMEN

non-tender  
no organomegaly

tenderness  
guarding  
rebound  
abnormal bowel sounds  
hepatomegaly/splenomegaly/mass  
distended bladder

#### GENITALS

normal inspection  
testicles and palp.



urethral discharge  
testicular tenderness (R/L)  
epididymal tenderness  
circumcised / uncircumcised  
scrotal swelling (R/L)  
hernia mass (R/L)  
examined while standing  
herpes-like lesion(s)  
inguinal lymphadenopathy  
hydrocele

#### Cremasteric Reflexes

RIGHT - absent weak strong LEFT - absent weak strong

#### HEENT

ENT normal inspection  
pharynx normal

scleral icterus / pale conjunctiva  
pharyngeal erythema  
abnormal TM / hearing deficit

#### NECK

normal inspection

thyromegaly  
lymphadenopathy

#### RESPIRATORY

no resp. distress  
breath sounds normal

wheezing  
rales

#### CVS

reg. rate & rhythm  
heart sounds normal

tachycardia / bradycardia / murmur  
decreased pulse(s)

#### BACK

normal inspection

CVA tenderness (R/L)

#### RECTAL

non-tender  
stool normal color

black / bloody / hard pos. stool  
prostate tenderness  
prostate enlarged / nodule

#### EXTREMITIES

non-tender  
normal ROM  
no pedal edema

pedal edema  
calf tenderness

#### NEUROPSYCH

oriented x3  
mood affect normal  
CVT normal to intact  
no motor/sensory deficit

disoriented to person / place / time  
depressed affect  
facial droop/EOM palsy/anisocoria  
weakness / sensory loss

#### SKIN

color normal  
warm, dry

anoxia / diaphoresis / pallor

LESTER, CHRISTOPHER W  
 ATT DR:

NW 4000261390 DOB: [REDACTED] 71  
 ACCT# H02532414407 AGE: 30 SEX: M

#### LABS, X-RAYS, and PROGRESS:

CBC	Chemistries	Gram Stain	UA
normal count	normal count	of penile discharge:	normal except
WBC	R		WBC
Hgb	K		RBC's
Hct	Cl		bacteria
Platelets	CO2		dip.
segs	BUN		
bands	Creat		
lymphs	Glyc		
monos	Ca - 8.7		
eos	Phos - 3.7		

X-RAYS ☐ Interpret by me ☐ Reviewed by me ☐ Discussed with radiologist

IVP normal obstruction L/R stone normal  
mild / mod / marked proximal / mid / distal ureter UM

TESTICULAR SCAN normal increased / decreased flow

DOPPLER ULTRASOUND normal

EKG MONITOR STRIP NSR Rate

EKG NML ☐ Interpret by me ☐ Reviewed by me Rate  
NSR normal intervals normal axis normal QRS normal ST/T

not / changed from:  
 Time unchanged improved re-examined

Discussed with Dr. will see patient in office / ED / hospital  
 Co-managed patient / family regarding lab results diagnosis need for follow-up  
 Rx given Admit orders written  
 CBCT CARE: 30-74 min  
 75-104 min min  
 Prior records ordered  
 Additional history from: family caretaker paramedics

#### CLINICAL IMPRESSION:

Pyelonephritis - acute  
 Urinary Tract Infection - acute  
 Cystitis - acute  
 Urethritis / Gonorrhea - acute  
 Urinary Retention - acute  
 Prostatitis - acute  
 Appendicitis - acute  
 Testicular Torsion - acute  
 Orchitis - acute  
 Epididymitis - acute  
 Renal Colic - acute (R/L)  
mild mild high-grd obstruct

DISPOSITION: ☒ home ☐ admitted ☐ transferred  
 CONDITION: ☒ unchanged ☐ improved ☐ stable

MD / DO

500688.126.0008

Patient Name		Unit #	Service/Location	Status	Date
LESTER, CHRISTOPHER W		H00026119C	EMERGENCY ROOM	REG ER	08/01/02 H02532760280

Soc Sec No	DOB	Age	Sex	MS	Race	Religion
3340	008	71	M	M	W	NONE
Address: P O BOX 1113 DANVILLE, WV 25053						
Home Ph:	(304)369-6657	County:	BOONE	USA	ENGLISH	Work Phone:
LESTER, CHRISTOPHER W						Occupation:
Address:	P O BOX 1113	SSN:	233-15-3340			
DANVILLE, WV 25053						
Home Ph:	(304)369-6657	County:	BOONE	USA	Work Phone:	
Relationship to Patient: PATIENT						Occupation:
LESTER, APRIL C						
Address:		SSN:		BOONE COUNTY COMMISSION		
Home Ph: 304-369-6657 County:						
Relationship to Patient:						Work Phone:
BROWNING, GINA						
Home Ph:	(304)369-2152	Work Phone:		LESTER, APRIL C		
Relationship to Patient: SISTER						Home Ph: (304)369-6657 Work Phone:
						Relationship to Patient: WIFE

ACORDIA/PEIA	Policy #	9969	Birthdate	73	Precert	
PO BOX 2451	Subscriber	LESTER, APRIL C	Rel to Pt	WIFE	Ins Verif	
CHARLESTON, WV 25329-2451	Eff.	to		Auth #		Date
USA	Group	7770 ACORDIA/PEIA	Contact			
Phone (888)440-7342						

Policy #	Birthdate	Precert	
Subscriber	Rel to Pt	Ins Verif	
Eff.	to	Auth #	Date
Group	Contact		

Policy #	Coverage #	Precert	
Subscriber	Rel to Pt	Ins Verif	
Eff.	to	Auth #	Date
Group	Contact		

Code Type	Date	Time	Code Type
11 ONSET OF SYMPTOMS/ILLNESS	08/01/02		

Admission Comment		Financial Class
Attending Physician HCIS		11
Primary Care Physician	Admitting Physician	Emergency Room Physician
SNYDER, JOHN H	Family Physician	Stewart, Edward E. Jr.
		Other Physician
Date	Time	Source
08/01/02	1544	EMERGENCY ROOM
Rm/Bed	Arrival	Principal Admitting Diagnosis/Reason For Visit
/	WHF	TALKING FUNNY, HEAD FUZZY AND PEEING ON SELF
		Clerk
		HERJES

REGISTRATION FORM

HCA Saint Francis Hospital

08/01/02 1559

500688.126.0009





LESTER, CHRISTOPHER W. DOS: 08/01/02  
 DR: Stewart, Edward E Jr.  
 MR#: H000261190 DOB: 08/01/71  
 ADCT#: H02532750280 AGE: 30 SEX: M

# NON-PUBLISHED PATIENT STATUS FORM



I, the undersigned, have had explained to me that my patient record for this visit may be flagged as NON-PUBLISHED on the Clinical Patient Care System computer system. This does not hinder my physician or care givers of the hospital from having access to my record. I further understand that the Admissions and Business Office personnel have access relative to my demographics, insurance and billing data. This only means that my record in Clinical Patient Care System has been flagged as NON-PUBLISHED and the Information Services Department will monitor access to my account.

I understand that if I elect to have my record made NON-PUBLISHED the hospital personnel (Volunteers, switchboard, nursing staff, etc.) will not confirm my admission or presence in the hospital to person(s) who may call to check on my condition or my room number. I also understand that no mail, flowers or deliveries sent to me will be accepted.

By my signature below, I am confirming that I understand the above and have stated that I WISH my admission to be flagged as NON-PUBLISHED.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

By my signature below I DO NOT WISH to have my admission flagged as NON-PUBLISHED.

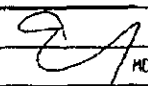
NAME: \*Paul Lester wife DATE: \_\_\_\_\_

WITNESS: Smile DATE: 8-1-02

By my signature below I wish to have my status as NON-PUBLISHED removed from the Clinical Patient Care System computer system.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

Patient		Unit #		Service/Location		Status		Date		Account #	
LESTER, CHRISTOPHER		W000261190		EMERGENCY ROOM		REG ER		08/01/02		H02532760280	
Soc Sec No	DOB	Age	Sex	MS	Race	Home Phone		ALLERGIES:		LAST TETANUS:	
3340	71	30	M	M	W	(304)369-6657		WEIGHT (kg):		LNP	
PHYSICIAN'S HISTORY						TIME	TEMP	PULSE	RESP	BP	INIT
TIME: CC:						ORDERS					
HX CC:						LAB <input type="checkbox"/> CBC <input type="checkbox"/> AMYLASE <input type="checkbox"/> MBASIC <input type="checkbox"/> MCOMP <input checked="" type="checkbox"/> UA					
						<input type="checkbox"/> PT/PTT <input type="checkbox"/> STREP SCREEN <input type="checkbox"/> CKMB <input type="checkbox"/> CBS					
PM HX:						<input type="checkbox"/> URINE <input type="checkbox"/> BLOOD X2 <input type="checkbox"/> THROAT <input type="checkbox"/> SPUTUM					
SOC HX: FAM HX:						ANCILLARY <input type="checkbox"/> EKG <input type="checkbox"/> ABG					
EYES/ENT:						<input type="checkbox"/> NEBULIZER TREATMENT WITH _____					
RESP/CV:						X-RAY <input type="checkbox"/> C-SPINE XT CHEST: <input type="checkbox"/> PA/LAT <input type="checkbox"/> PORT					
GI/GU:						<input type="checkbox"/> T-SPINE ABD: <input type="checkbox"/> KUB <input type="checkbox"/> FLAT&UPRIGHT					
NEURO:						<input type="checkbox"/> L-SPINE ANKLE: <input type="checkbox"/> L <input type="checkbox"/> R HIP: <input type="checkbox"/> L <input type="checkbox"/> R					
MS/SKIN:											
ENDO/REPRODUCTIVE:						<input type="checkbox"/> DATASCOPE <input checked="" type="checkbox"/> NIBP <input checked="" type="checkbox"/> SaO2 <input checked="" type="checkbox"/> PEP LOCK					
<input type="checkbox"/> ALL OTHER SYSTEMS REVIEWED & FOUND NEGATIVE						<input type="checkbox"/> IV _____ cc/hr <input type="checkbox"/> O2 _____ L/min <input type="checkbox"/> NC/MASK					
PHYSICAL EXAM						TREATMENT					
						- ET Bron no contrast					
						- cardiac M					
						AB 25					
						JOK					
						ABE					
						C-6 x2 Hg B.					
RESULTS											
X-RAY:											
EKG:											
LABS:						CONDITION ON DISCHARGE:					
						TIME: DISP: RELEASED ADMIT DECEASED					
DIAGNOSIS						PHYSICIAN'S SIGNATURE: 					
						MO/DO					
Attending Physician		HCIS		Admitting Physician		HCIS		Emergency Room Physician		HCIS	
Primary Care Physician		HCIS		Family Physician		HCIS		Stewart, Edward E. Jr.		5:37	
SNYDER JOHN M		9979						Other Physician			
ADMISSION/REGISTRATION											
Date	Time	Source	Rm/Bed	Arrival	Principal	Admitting	Diagnosis/Reason For Visit	Clerk			
08/01/02	1544	EMERGENCY ROOM		WHE	TALKING FUNNY, HEAD FUZZY AND PEEING ON SELF			HERJSS			

ER ENCOUNTER

Saint Francis Hospital

08/01/02 1558

500688.126.0012

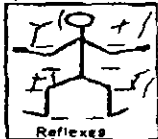
☒ Nursing Assessment Reviewed. ☒ BP, HR, RR, Temp reviewed.  
**PHYSICAL EXAM** Alert ☒ Lethargic ☒ Obtunded  
 Distress ☒ None ☒ mild ☒ moderate ☒ severe ☒ Seizing / Apneic

**HEENT**  
~~no apparent trauma~~ scleral icterus / pale conjunctivae  
~~ENT inspection nml~~ depressed gag reflex / poor handling of secretions  
~~pharynx nml~~ pharyngeal erythema / exudate  
~~airway intact~~ TM erythema / dullness / blood  
 tenderness / swelling / echymosis

**NEURO/PSYCH**  
**higher functions**  
~~alert~~ abnormal response to commands  
~~oriented x3~~ no response eyes open slow inappropriate  
~~mood/affect nml~~ abnormal response to pain  
 withdraws flexor extensor none

**cranial nerves**  
~~normal as tested~~ aphasic expressive / receptive  
~~pupils equal~~ disoriented to time / place / person  
~~round, and~~  
~~reactive~~  
~~EOM's intact~~ facial palsy (R / L)  
 forehead involved spared  
 tongue deviation (to R / L)  
 EOM palsy  
 unequal pupils MMIOSCOP  
 R pupil mm L pupil mm  
 abnormal funduscopic / papilledema

**cerebellar**  
~~normal as tested~~ abnormal Romberg / gait / finger-nose test  
**peripheral exam**  
~~no motor deficit~~ weakness / hemiparesis / hemiplegia / dyspraxia  
~~no sensory deficit~~  
~~reflexes nml~~ pronator drift (RUE / LUE)  
 altered light-touch / pin-prick / 2-pt discrimin.  
 Babinski reflex (R / L)  
 ascerticis



**NECK**  
~~supple~~ cerv. lymphadenopathy  
~~non-tender~~ stiff neck / meningismus  
 carotid bruit

**RESPIRATORY**  
~~no resp. distress~~ resp. distress  
~~breath sounds nml~~ wheezing  
 rales / rhonchi

**CVS**  
~~reg. rate, rhythm~~ tachycardia / bradycardia / irreg. irreg. rhythm  
~~heart sounds nml~~ JVD present  
 murmur grade /6 sys / dias  
 gallop (S3 / S4)  
 decreased pulse(s)

**ABDOMEN**  
~~non-tender~~ guarding  
~~no organomegaly~~ hepatomegaly / splenomegaly / mass

**SKIN**  
~~color nml, no rash~~ cyanosis / diaphoresis / pallor  
~~warm, dry~~ skin rash

**EXTREMITIES**  
~~non tender~~ pedal edema  
~~normal ROM~~ tenderness  
~~no pedal edema~~

Altered Mental Status-45

# LABS, XRAYs, and PROGRESS:

**EKG MONITOR STRIP** ☒ NSR ☒ Rate  
**EKG** ☒ NML ☒ Interpret. by me ☒ Reviewed by me ☒ Rate  
☒ NSR ☒ nml intervals ☒ nml axis ☒ nml QRS ☒ nml ST/T

**CXR** ☒ Interpret. by me ☒ Reviewed by me ☒ Disc'd w/ radiologist  
☒ nml/NAD ☒ no infiltrates ☒ nml heart size ☒ nml mediastinum

**not / changed from:**  
**CBC** ☒ normal ☒ except  
**Chemistries** ☒ normal ☒ except  
**ABG's** ☒ time: ☒ UA ☒ normal ☒ except  
**WBC** ☒ 16.5 **Na** ☒ 132 **time:** ☒ LO2 ☒ RA **WBC** ☒ 16.5  
**Hgb** ☒ 16.5 **K** ☒ 9.6 **pH** ☒ 7.32 **RBC's** ☒ 16.5  
**Hct** ☒ 49.6 **CO2** ☒ 30 **pCO2** ☒ 40 **bacteria** ☒ 16.5  
**Platelets** ☒ 16.5 **BUN** ☒ 11.2 **pO2** ☒ 112 **dip** ☒ 16.5  
**segs** ☒ 16.5 **Creat** ☒ 1.4 **PULSE OX** ☒ 16.5  
**bands** ☒ 16.5 **Gluc** ☒ 112 **time:** ☒ 16.5  
**lymphs** ☒ 16.5 **% sat** ☒ 16.5  
**monos** ☒ 16.5  
**eos** ☒ 16.5

**Head** ☒ nml old lacunar infarct  
left temporal aneurysm  
**Treatment** ☒ N D50 / ☒ N Nalcan ☒ Thiamine IV / IM ☒ IV Fluids

**Intubated** ☒ by ED Physician ☒ pre-oxygenated  
☒ versed / ☒ valium / ☒ ativan ☒ pavulon ☒ succinyl choline ☒ vecuronium  
**#** ☒ nasal / ☒ oral ☒ breath sounds equal ☒ position confirmed on CXR  
**Time** ☒ 5:40 ☒ unchanged ☒ improved ☒ re-examined

ABG 7:45 / PO2 40 / PCO2 72 / pH 7.32  
cont'd on P  
UPSE REA's (feet nml)  
quality (oxycentral)

**Discussed with Dr.** OB  
 will see patient etc. office / ED / hospital **CRIT CARE** ☒ 30-74 min  
 75-104 min  
 Counselor patient / family regarding ☒ min  
 lab results ☒ diagnosis ☒ need for follow-up  
 Rx given ☒ Admit orders written ☒ Prior records ordered  
 Additional history from: ☒ family ☒ caretaker ☒ paramedics

**CLINICAL IMPRESSION:**  
 Confusion / stupor / Coma Intracerebral / Subarachnoid Bleed  
 Chronic Dementia Subdural / Epidural Hematoma  
 Hypoglycemia / Insulin Reaction Seizures / Post-ictal state  
 Hyponatremia / Hypernatremia EVA (Stroke) / T.L.A  
 Volume Depletion Sepsis / Meningitis / Encephalitis  
 Overdose / Substance Abuse Urinary Tract Infection / Pneumonia  
 Alcohol Intoxication Hepatic Encephalopathy

urinary incontinence (radiation)  
vs. control  
**DISPOSITION:** ☒ home ☒ admitted ☒ transferred  
**CONCOMITANT:** ☒ unchanged ☒ improved ☒ stable

LESTER, CHRISTOPHER M DOB 08/01/02  
 CR - SEWARD, RANDY E JR  
 MR# 0000261190 DOB 08/01/71

500688.126.0013

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45 Saint Francis Hospital  
**EMERGENCY PHYSICIAN RECORD**  
**Altered Mental Status (S)**

TIME SEEN: 4:06P ROOM: 4 EMS Arrived

HISTORIAN: patient spouse paramedics  
 HX / EXAM LIMITED BY:

**HPI chief complaint:** Decreased Mental Status / Confusion  
Low Blood Sugar / Diabetic Fever

started: sudden fall prodromal  
gone now better continued by ED sudden-onset  
intermittent constant

**character of altered mental status:**  
 disoriented confused agitated trouble concentrating  
 unresponsive decreased responsiveness seizure activity

**context:**  
nursing home resident / chronic dementia  
found unresponsive / unknown duration  
by nursing home staff family  
dextrocard low PTA given D50 / Narcan PTA  
good / marginal / no response  
Recent / heavy alcohol intake (beer / wine / liquor)  
last drink:  
drug abuse / overdose

Usually alert, oriented x3 alert but confused  
alert but disoriented to time poor alertness

**associated neuro symptoms:**  
new weakness  
RUE RLE LUE LLE R/L focal general (diffuse)  
altered sensation  
RUE RLE LUE LLE R/L focal  
falling / decreased ability to stand/walk  
weak difficult off balance cannot walk cannot stand  
involuntary movements / seizure activity

Usually walks w/o assistance uses wheelchair  
uses a cane / walker stands for transfers  
walks only w/ assistance bed-ridden  
unable to walk unable to sit up

similar symptoms previously

Recently seen/treated by doctor: LMC @ BmH  
and EAMC

**ROS**  
 CONST fever

**NEURO**  
headache  
head injury  
dizziness

**CHEST**  
chest pain  
palpitations  
cough  
sputum  
trouble breathing

**ENDOCRINE (if diabetic)**  
change in diet / activity / insulin

**EYES-ENT**  
trouble w/ vision  
sore throat  
trouble swallowing

**GI and GU**  
nausea  
vomiting  
abdominal pain  
diarrhea  
black/bloody stools  
trouble urinating

**SKIN & LYMPH & MS**  
skin rash / swelling  
joint pain  
back/neck pain

☐ all systems neg. except as marked

**PAST HISTORY** negative

diabetes insulin / oral / diet angina / MI / CHF  
seizure disorder AIDS/HIV  
stroke / TIA asthma / COPD  
hepatitis / cirrhosis hypertension  
other problems GI bleeding  
high cholesterol

**SURGERIES**  
CABG cholecystectomy  
pacemaker appendectomy  
hysterectomy  
tonsillectomy

**Medications** none see nurses note **Allergies** NKDA  
ASA ibuprofen acetaminophen see nurses note

**SOCIAL HX** smoker drug abuse  
history of alcoholism

**FAMILY HX** stroke migraines CAD HTN

LESTER, CHRISTOPHER W LMS 08/01/02  
 MR. Semart, Edward E Jr  
 MFA H000261190 DOB 771  
 ACCID# H02532760280 AGE: 30 SEX: M

500688.126.0014



**STYLE OF CASE:** Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

**CASE NO:** C-1-01-428

**PERTAIN TO:** Christopher Wayne Lester

**FROM:** Kelly Medical Corporation  
1 Pavilion Drive  
Daniels, WV 25832  
(304) 763-4253

**DELIVER TO:** Mr. Phillip J. Smith  
VORYS, SATER, SEYMOUR & PEASE, LLP  
Atrium Two, Suite 2100  
221 East Fourth Street  
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688126-0015  
THROUGH 500688126-0018.

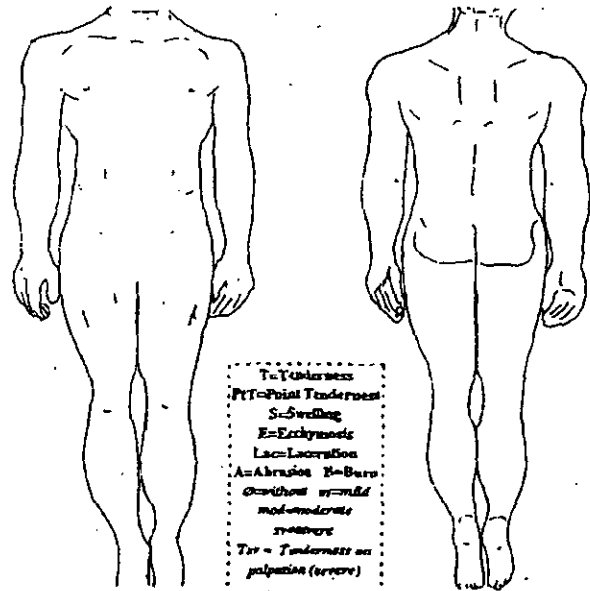
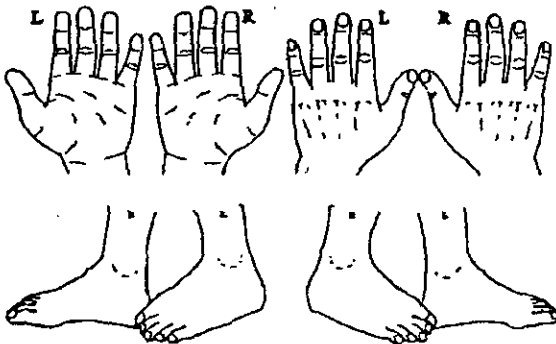
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**SKIN**  
☒ intact  
☒ warm, dry  
**BACK**  
☒ no CVA  
☒ tenderness  
☒ no vertebral  
☒ tenderness  
**EXTREMITIES**  
☒ traumatic  
☒ pelvis stable  
☒ hips non-tender  
☒ no pedal edema  
☒ nml ROM  
☒ see diagram  
☒ bony point-tenderness  
☒ painful / unable to bear weight  
☒ pulse deficit  
**Joint Exam:**  
☒ limited ROM / ligaments laxity / joint effusion



T= Tenderness  
 PT= Point Tenderness  
 S= Swelling  
 E= Erythema  
 L= Laceration  
 A= Abrasion B= Burn  
 O= Other w/ mild  
 mod-moderate  
 severe  
 Tr = Tenderness on  
 palpation (errone)

**PROGRESS:**

*pt maintained in aob  
 until the physician  
 left at 1:30 PM  
 returned to the hospital  
 on 9/17/03  
 Dr. [Signature]  
 Dr. [Signature]*

**X-RAYS** ☐ Interp. by me ☐ Reviewed by me ☐ Disc'd w/radiologist  
**C-Spine** **D-Spine** **LS-Spine**  
☒ nml / NAD  
☒ no fracture  
☒ nml alignment  
☒ soft tissues nml  
☒ rib fracture  
☒ infiltrate / atelectasis  
**CXR**  
☒ nml / NAD  
☒ no infiltrates  
☒ nml heart size  
☒ nml mediastinum  
**OTHER** ☐ See separate report *fr*

**CLINICAL IMPRESSION:** MVA  
 contusion  
 head wrist R/L  
 face hand R/L  
 chest hip R/L  
 abdomen thigh R/L  
 back knee R/L  
 shoulder R/L leg R/L  
 arm R/L ankle R/L  
 elbow R/L foot R/L  
 forearm R/L  
 sprain / strain  
 neck dorsal lumbar  
 concussion  
 with LOC w/o LOC  
 laceration

**Wound Description/Repair**  
 [Illegible text]

**CLINICAL IMPRESSION:** MVA  
 contusion  
 head wrist R/L  
 face hand R/L  
 chest hip R/L  
 abdomen thigh R/L  
 back knee R/L  
 shoulder R/L leg R/L  
 arm R/L ankle R/L  
 elbow R/L foot R/L  
 forearm R/L  
 sprain / strain  
 neck dorsal lumbar  
 concussion  
 with LOC w/o LOC  
 laceration  
*Per [Signature]*

**DISPOSITION:** ☒ Home ☐ admitted ☐ transferred  
**CONDITION:** ☒ unchanged ☒ improved ☐ stable

*[Signature]* NP/PA  
*[Signature]* MD/DO  
 MVA-17

MEDIFAX EDI MULTI-PAYER NETWORK

MEDIFAX ONV 1.16A

MEDIFAX IN 2.02

JULY 18, 2001 03:57:47 PM

XXXXXXXXXX REPORT INFORMATION XXXXXXXXXXXXXXXX

SOCIAL SECURITY NUMBER

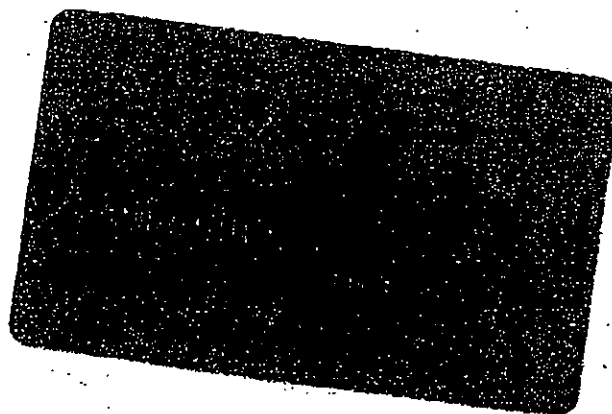
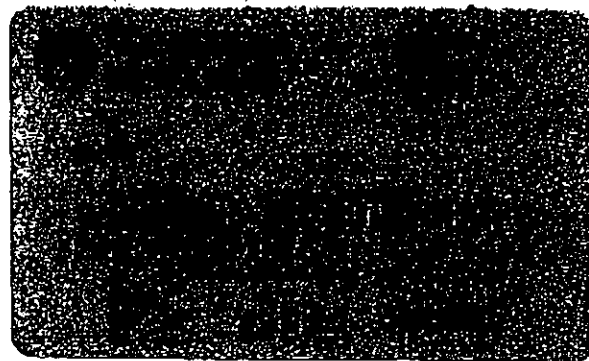
LAST NAME

DATE OF SVC

XXXXXXXXXX ERROR INFORMATION XXXXXXXXXXXXXXXX

RH0832 - RECIPIENT NOT ON FILE

500688.126.0017



LESTER, CHRISTOPHER W

AET: CR3

DOB: 1000261190 DOB: 71

ACCT# 1402532814403 AGE: 30 SEX: M

